



PERMISSION FOR STUDENT TO BE FILMED/PHOTOGRAPHED/INTERVIEWED SCHOOL YEAR 2010-2011

Student Information

Name: _____ Grade: _____

School: _____ School Year: _____

Address: _____ Phone: _____

Email: _____

Release Information (for student under 18)

_____ I hereby give permission for my child to be filmed/photographed/interviewed (*circle one, two, or all*) by the media while participating in school sponsored activities.

_____ I hereby give permission for the use of my child's name and film/photograph/interview, artwork and/or written work of my child on the website and any publications produced by the DC Public Schools.

Parent/Guardian Signature: _____ Date: _____

Contact Information

Parent/Guardian Name: _____ Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Email: _____

Release Information (for student 18 or older)

_____ I hereby give permission to be filmed/photographed/interviewed (*circle one, two, or all*) by the media while participating in school sponsored activities.

_____ I hereby give permission for the use of my name and film/photograph/interview, my artwork and/or written work of on the website and any publications produced by the DC Public Schools.

Student Signature: _____ Date: _____